

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585168

FILING DATE
27 MAR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	2					
4	0					
5	0					
6	0		/			
7	0		/			
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TOTAL IND.	1		1			
TOTAL DEP.	10	◀	9	◀		◀
TOTAL CLAIMS	11	████████	10	████████		████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			████			
TOTAL DEP.			████		████	████
TOTAL CLAIMS			████████		████████	████